

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: A-76
L. S. Elevation: _____
E-log #: _____

County: Yazoo
Permit #: _____
Driller: Ernest Bud Cresswell
Date drilling completed: May 10, 2005

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>CHAT PHILLIPS - PHILLIPS BUS FARM</u>	Latitude: <u>90° 22' 30"</u> Longitude: <u>25° 59' 15"</u>
Mailing Address: <u>4024 MONEY SUNK RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Yazoo City, MS 39194</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>13N</u> Rng <u>2W</u>
Telephone No. <u>(662) 746-4408</u>	Distance <u>2</u> Miles Direction <u>WEST</u> of Nearest Town <u>EDEN</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: APRIL 26, 2005 Date well drilling completed: MAY 10, 2005

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 38 feet above or below (circle one) land surface Date measured: MAY 10, 2005

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 850 Well depth: 850 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 810 feet Casing diameter: 4 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 3 inches Type of screen: stanley

Screen slot size: 010 inches Setting depth: From 810 feet to 850 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 231 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

ERNEST M. BUD CRESSWELL - 0-150 Ernest Bud Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED

MAY 20 2005
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A-76

Elevation: _____

County: Yazoo
 Permit #: _____
 Driller: _____
 Date completed: May 12, 2005

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>CHAT PHILLIPS-PHILLIPS BROS FARM</u>	Latitude: <u>90-22-30</u> Longitude: <u>32-59-15</u>
Mailing Address: <u>4024 MOVEY SUNK ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Yazoo</u> City, MS. <u>39194</u> Zip Code	<u>1/4</u> <u>35</u> Sec <u>13N</u> Twn <u>2W</u> Rng
Telephone No. <u>(662) 746-4408</u>	Distance <u>2</u> Miles <u>WEST</u> of <u>EDEN</u> Nearest Town

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>MAY 12, 2005</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ERNEST M. CRESSWELL-0-150
 Print Name of Pump Installer and License No. (if applicable)

Ernest M. Cresswell
 Signature of Pump Installer

RECEIVED

MAY 20 2005
 BY: OLWR